Maryland Department of Health and Mental Hygiene – Center for Milk Control
1360 Marshall Street, Hagerstown, MD 21740 301-791-4779

APPLICATION TO INSTALL/MODIFY A MILKING SYSTEM ON A DAIRY

Name of Producer_____Permit No._____Phone No._____
Mailing Address_____
Farm location (if different)_____
Market_____Field Rep._____Phone No._____
Equipment Manufacturer_____
Installer_____Phone No._____
Address_____Installation Date_____

I HEREBY MAKE APPLICATION FOR PERMISSION TO INSTALL A CLEANED-IN-PLACE PIPELINE SYSTEM. THIS EQUIPMENT WILL CONFORM TO OR EXCEED 3A SANITARY STANDARDS ACCEPTED PRACTICES FOR THE DESIGN, FABRICATION, AND INSTALLATION OF MILKING AND MILK HANDLING EQUIPMENT.
All blanks that apply to this installation must be completed. This application must be accompanied by a detailed drawing showing the following: high point of milk line direction of milk, flow, receiver inlets, location of receiver, regulators, parlor or stable walls, milkhouse location (inc. wash vats and tanks), vacuum pumps.

CONFIGURATION:
Parlor_____ Around-the-Barn_____ Transfer Station_____
Highline_____ Lowline_____ Make & No. of Milkers_____
Check applicable: Weigh Jars_____ Milk Meters_____ Auto takeoffs – Portable_____Stationary_____
Precooler: Y_____ N_____ Make._____ Location_____Coolant_____

PIPELINE:
Make_____ Material(s)_____Receiver Loc._____
Length_____ Pipe Diam._____ # of slopes_____ # of wash loops_____ Restrictor: Y__ N__
Slope_____in./10' Max. Height_____ Line supported from_____
Line Coupling Type: Gasketed_____ Welded_____ # Receiver inlets:_____ Dia. of inlets_____
Filtration Location: _____ Type: Pressure_____ Gravity_____

VACUUM SYSTEM: Use ASME Standard at 15 in. Hg
Pump #1: Make_____ Model_____ Motor Size_____ CFM Capacity_____
Pump #2: Make_____ Model_____ Motor Size_____ CFM Capacity_____
Total CFM Capacity_____
Test Ports: Y_____ N_____ Pulsation line size:_____in.
Main Header: Diameter_____in. Length_____ Distribution Tank: Y___N___ Material_____
Regulators: Make/Model_____Location_____

WASHING EQUIPMENT:
Auto CIP_____ Manual_____ Auto Pre-rinse Diverter: Y____ N____ Milk line Pos. Switch: Y___ N___
No. of Wash Vats _____ Vertical____ Horizontal____ Covererd: Y____ N____ Gal. of HW Req._____
Pre-Rinse Time _____ Wash Time _____ Acid Rinse Time _____ Sanitize Time _____ (Min.)
Water Heater: Electric_____ Gas _____Oil _____ Boiler _____ Capacity (gal.)_____
Recovery Rate - _____ (gals/hr./100 °F rise)
Heat Recovery Unit: Y_____ N_____ Make_____ Capacity (gal.) _____
Air Injector: Type _____ Location_____
Milker Units Cleaned in: Parlor_____(CIP) Milkhouse _____
Manually Cleaned items: Abnormal Milk Equip._____ Milk unit exteriors_____ Diverter Plugs_____
A CLEANING PROGRAM INCLUDING WATER HARDNESS AND DETERGENT & SANITIZER CONCENTRATIONS MUST BE POSTED IN THE MILK ROOM. IF PROCEDURE IS CHANGED IN ANY WAY, A NEW PROGRAM MUST BE POSTED. ANY FUTURE MODIFICATION OF THIS EQUIPMENT MUST HAVE PRIOR WRITTEN APPROVAL.

SIGNATURES:
Producer_____ Date_____
Field Rep._____ Date_____
Installer_____ Date_____
Sanitarian (Plan)_____ Date_____
Sanitarian (Installation)_____Date_____

Revised 2/10